24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	
	C C00566208
Check if X 24-hour report 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination
	10 24 2014
Mailing Address 2001 N Beauregard St	Amount
Ste 420	07704 40
City State Zip Code Alexandria VA 22311-1750	27221.48 Transaction ID : VN7BA9XADN7 Date of Disbursement or Obligation
Purpose of Expenditure Mail Category/ Type 004	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
Marilinda Garcia Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination
Mailing Address 2001 N Beauregard St	10 24 2014
Ste 420	Amount
City State Zip Code	23385.94
Alexandria VA 22311-1750	Transaction ID : VN7BA9XADP5 Date of Disbursement or Obligation
Purpose of Expenditure Mail Category/ Type 004	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 24
John Katko Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	50607.42
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	10 24 2014
Signature	